

FORM 1**Biosolids Land Application Local Monitoring Expenses
REIMBURSEMENT INVOICE**

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DEQ USE ONLY	
Claim No: 2011-0098	Activity Dates:
County:	Date Rec'd:
Evaluator: 1.5	Permit No: Approval Amount:

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

I. Claimant Information		
A. Name of Local Government Official: <i>William G O'Brien</i>		B. County: <i>Lunenburg</i>
C. Claimant Mailing Address: <i>11413 Courthouse Rd</i>		D. City, State <i>Lunenburg Va</i>
		E. Zip Code <i>23952</i>
F. Claimant Telephone No. <i>(434) 696-2142</i>	G. Claimant Fax No. <i>(434) 696-1798</i>	H. Local Monitor Name <i>MANUEL TOOMBS</i>
I. Contact Person for Reimbursement <i>Wade Bartlett</i>	J. Contact Person Telephone No. <i>(434) 392-7258</i>	K. Contact Person Fax No. <i>(434) 392-6683</i>

II. Monitoring Activity Information (Attach additional separate sheets if necessary)		
A. DEQ Permit No. and Site Identification		B. Farm(er) and Site Location
C. Type of Monitoring Activity and Dates <i>Record Keeping 11-1 Thru 11-30-2011</i>		D. Reimbursable Time and Charges <i>2 @ 24.00 = 48.00 / 64 @ .50 = 32.00</i>
E. Sampling and Testing Information	F. Name and location of Lab used	G. Total Lab Charges

III. Multiple Owner Information (For Local Monitor employed by multiple jurisdictions)	
Are the expenses listed above part of a multiple owner payment submission?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes" to the above question, you are required to submit this invoice with the multiple owner payment Form 2.	

IV. Responsible Official Statement (Please sign name): <i>Manuel Toombs Jr</i>	
A. Were the listed expenses incurred during the dates included in Part II.C of this form?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "No", please attach the necessary documentation to explain the discrepancy.	

V. Statement Of Costs	
A. Are all expenses listed in this invoice complete at the date of this invoice?	C. Total costs claimed for reimbursement in this Invoice
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u><i>106.00</i></u> <i>(NOV)</i>
B. Will additional reimbursement costs incurred for monitoring activities at the site(s) listed above be submitted?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VI. County Administrator Certification (Please print name):	
The following signature attests that the monitoring activities for which reimbursement is sought have been performed in accordance with the provisions of the VPA Permit Regulation (9 VAC 25-32) and the Fees for Permits and Certificates regulation (9 VAC 25-20):	
<i>[Signature]</i>	<i>Dec 20, 2011</i>
County Administrator	Date
<i>Manuel A Toombs Jr</i>	<i>12-9-2011</i>
Local Monitor	Date

Liverbury

Codes: Administrative
Complaint
Inspection
Meeting
Sampling
Training

Date	Activity Code	Hrs	Miles	Site I. D.	Permit Number	Labor Subtotal	Mileage Subtotal	Other Expenses	Description
11-1-11	A	1.5	-						Prepare Monthly Reports
11-4-11	A	1.5	64						Monthly Reports Signed
		2 =	48.00					26.00	130.00 a year for
									Internet with BCLZ
			64 =	32.00					5 countries
				32.00					
				48.00					
				80.00	Sub Total				
				26.00					
				106.00	Total				